

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"METHOD AND SYSTEM FOR AUTOMATED CONFIGURATION OF SPACE, EQUIPMENT AND COSTS OF HEALTH-CARE FACILITY"

Case No. **P03,0088**, the specification of which

(check one) ☒ is attached hereto.
☐ was filed on _____, as
Application Serial No. _____
and was amended on _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent Office all information which is known to me to be material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, 1.56.¹

I do not know and do not believe this invention was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, and I believe that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or

¹ (b) Under this section, information is material to patentability when it is not cumulative to information already of record or being made of record in the application, and

(1) It establishes, by itself or in combination with other information, a *prima facie* case of unpatentability of a claim; or

(2) It refutes, or is inconsistent with, a position the applicant takes in:

(i) Opposing an argument of unpatentability relied on by the Office, or

(ii) Asserting an argument of patentability.

A *prima facie* case of unpatentability is established when the information compels a conclusion that a claim is unpatentable under the preponderance of evidence, burden-of-proof standard, giving each term in the claim its broadest reasonable construction consistent with the specification, and before any consideration is given to evidence which may be submitted in an attempt to establish a contrary conclusion of patentability.

my legal representatives or assigns, except as identified below:

I hereby claim foreign priority benefits under Title 35, United States Code, 119 of any foreign application(s) for patent or inventor's certificate listed below

| Prior Foreign Application(s) | | |
|------------------------------|---------|------|
| Number | Country | Date |

and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the above listed application on which priority is claimed:

| Prior Foreign Application(s) | | |
|------------------------------|---------|------|
| Number | Country | Date |

If no priority is claimed, I have identified all foreign patent applications filed prior to this application:

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And I hereby appoint all Attorneys identified by the United States Patent and Trademark Office **Customer Number 26574**, who are all members of the firm of Schiff, Hardin and Waite

Telephone: 312/258-5785 Patent Department

my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and direct that all correspondence be forwarded to:

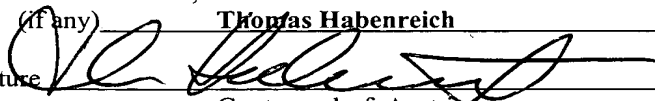
Schiff Hardin & Waite
Patent Department
6600 Sears Tower, Chicago, Illinois 60606
CUSTOMER NO. 26574

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor,

(if any) Thomas Habenreich

Inventor's signature



Date 11/09/2003

Residence

Guntramsdorf, Austria

Citizenship

Austrian

Post Office Address

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Full name of second joint inventor,

(if any) Gerhard Hilscher

Inventor's signature

Date

Residence

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Citizenship

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Post Office Address

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1160 Wien, Austria

Full name of third joint inventor,
(if any)

Stefan Reimoser

Inventor's signature

Date

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Citizenship

Austrian

Post Office Address

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01099 Dresden, Germany

Full name of fourth joint inventor,
(if any)

Inventor's signature

Date

Residence

Citizenship

Post Office Address

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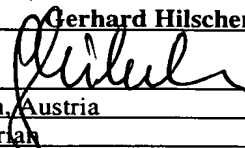
Schiff Hardin & Waite
Patent Department
6600 Sears Tower, Chicago, Illinois 60606
CUSTOMER NO. 26574

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Full name of sole or first inventor,
(if any) Thomas Habenreich

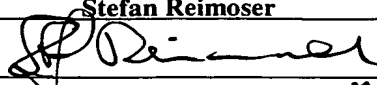
| | | | |
|----------------------|-----------------------------------|------|-------|
| Inventor's signature | _____ | Date | _____ |
| Residence | <u>Guntramsdorf, Austria</u> | | |
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Full name of second joint inventor,
(if any) Gerhard Hilscher

| | | | |
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| Inventor's signature |  | Date | <u>12.6.03</u> |
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Full name of third joint inventor,

(if any) Stefan Reimoser

Inventor's signature 

Date

27.05.2003

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con.

Full name of fourth joint inventor,

(if any) _____

Inventor's signature _____

Date _____

Residence _____

Citizenship _____

Post Office Address _____

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